

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy
Statement on Reverse Side2010-04b-IG-TEA
pdf

STD. 262 (REV. 7/2005)

Page 1 of 1 Pages

CLAIMANT'S NAME LAURA N. CHICK			SSN or EMPLOYEE NUMBER*			DEPARTMENT Planning & Research			
POSITION Inspector General			CB/ID No. Exempt		DIVISION or BUREAU Governor's Office			INDEX NUMBER 226	
RESIDENCE ADDRESS*					HEADQUARTERS ADDRESS 1400 Tenth Street			TELEPHONE NUMBER	
CITY CA			STATE CA			ZIP 95814			

(1) MONTH/YEAR April 2010		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L.T., N.C. RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		
4/28	15:00	Burbank/Los Angeles								40.00			40.00
4/30	18:30									40.00			40.00
(10) SUBTOTALS										80.00			80.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												80.00	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)		(12) NORMAL WORK HOURS	
4/29: Keynote speaker at Valley Industrial Commerce Association.			
4/30: Keynote speaker at LA Rotary Club.		(13) PRIVATE VEHICLE LICENSE NUMBER	
		(14) MILEAGE RATE CLAIMED	
		0.55	
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.		AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER	
CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE	



Thank you!

Your Confirmation is Q7BQW6

- ✓ Automatic Check-In
- ✓ Better Seat Selection
- ✓ Earlier Access to Overhead Storage

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Air

Senior 1: LAURA CHICK

Acct#: 00000090958674

Confirmation # Q7BQW6

AIR ITINERARY

DEPART	Sacramento, CA to Burbank, CA	#863	Depart Sacramento, CA (SMF)	4:35 PM
APR	Wednesday, April 28, 2010		Arrive in Burbank, CA (BUR)	5:40 PM
28	Travel Time 1 h 05 m (Nonstop)			

**YOU JUST SAVED UP TO
\$120 ROUNDTRIP!**



BAG FEES = \$0.00
Bags Fly Free on Southwest.

First and second checked bags. Weight and size limits apply.

BILLING

INTERNAL REFERENCE NUMBER: 226

Purchaser Name	Form of Payment	Billing Address	Amount Applied
Billed to Account "SWABIZ AmEx"	XXXXXXXXXX-1017	Billing address information is on file.	\$129.70

AIR PRICING

Passenger Type	Trip	Routing	Fare Type	Base Fare	Govt. Taxes and Fees	Quantity	Total
Senior	Depart	SMF-BUR	Senior Fare	\$110.70	\$19.00	1	\$129.70
Please read the fare rules associated with this purchase.				\$110.70	\$19.00	1	\$129.70

TRIP GRAND TOTAL: \$129.70



Thank you!

Your Confirmation is QVBQIM

- ✓ Automatic Check-In
- ✓ Better Seat Selection
- ✓ Earlier Access to Overhead Storage

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[Learn More](#)
[Book a Flight](#)

Air

Senior 1: LAURA CHICK

Acct#: 00000436141300

Confirmation # QVBQIM

AIR ITINERARY

DEPART	Burbank, CA to Sacramento, CA	#667	Depart Burbank, CA (BUR)	4:20 PM
APR	Friday, April 30, 2010		Arrive in Sacramento, CA (SMF)	5:35 PM
30	Travel Time 1 h 15 m (Nonstop) Add EarlyBird Check-in			

**YOU JUST SAVED UP TO
\$120 ROUNDTRIP!**



BAG FEES = \$0.00

Bags Fly Free on Southwest.

First and second checked bags. Weight and size limits apply.

BILLING

INTERNAL REFERENCE NUMBER: 226

Purchaser Name	Form of Payment	Billing Address	Amount Applied
Billed to Account "SWABIZ AmEx"	XXXXXXXXXXXX-1017	Billing address information is on file.	\$129.70

AIR PRICING

Passenger Type	Trip	Routing	Fare Type	Base Fare	Govt. Taxes and Fees	Quantity	Total
Senior	Depart	BUR-SMF	Senior Fare	\$110.70	\$19.00	1	\$129.70
Please read the fare rules associated with this purchase.				\$110.70	\$19.00	1	\$129.70

TRIP GRAND TOTAL: \$129.70

CAB FARE RECEIPT

AMOUNT \$40⁰⁰ DATE 4/28

FROM Burbank airport

TO home in Silverlake

CAB No. _____ DRIVER _____

CAB FARE RECEIPT

AMOUNT \$40⁰⁰ DATE 4/30

FROM home

TO Burbank airport

CAB No. _____ DRIVER _____